



**JACKSONVILLE (FL) ALUMNAE CHAPTER  
DELTA SIGMA THETA SORORITY, INC.  
P.O. BOX 2435 • JACKSONVILLE, FL 32203**

**Congratulations on your academic accomplishments!** Delta Sigma Theta Sorority, Inc. is an organization dedicated to aiding in the education of talented youth. We award seven \$2000 college scholarships; two **Leadership** Scholarships and five **Academic** Scholarships.

Below you will find the requirements for the scholarship as well as the application. **We wish you continued success!**

**ACADEMIC SCHOLARSHIP REQUIREMENTS:**

- Applicant must be an African-American female.
- Must have a minimum acceptable unweighted G.P.A of 3.3 or higher on a 4.0 scale.
- Must demonstrate community involvement.
- Must have a need for financial assistance.
- Must graduate from a Duval County (public, private, or charter) high school at the end of the 2012- 2013 academic school year.
- Must attend an accredited institution of higher education after graduation.
- Must have taken the SAT and/or the ACT and submit proof with the application.
- Must provide an official high school transcript.
- Must submit **two (2) typed letters of recommendation**: One (1) letter must be from a high school staff member and one (1) letter must be from a Community Service Organization. Both letters must be signed and on the appropriate organization's letterhead.
- Must submit a typed **2-page maximum essay using 12 pt Times Roman font**. The essay must include a discussion on how your academic achievements have prepared you for your future goals, why you should be a recipient of the Academic Scholarship, and a **detailed** description of the following points to substantiate your request:
  - Any special academic awards and achievements
  - Participation in extracurricular activities (include time spent and any leadership positions held)
  - Active participation in community service
  - A discussion of your need for financial assistance
- Must complete and sign the scholarship application.
- Must sign the attached media waiver.
- Finalists will be selected by the scholarship committee based on scholarship requirements submitted.
- Finalists must participate in an interview before the Scholarship Committee. A member of the Scholarship Committee will contact you to schedule your interview.

**Eligibility: Children of Delta Sigma Theta Sorority, Inc. members shall be prohibited from receiving scholarships derived from the Chapter's public service funds.**

**Note:** Students may only apply for ONE scholarship.



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## ACADEMIC SCHOLARSHIP APPLICATION

**APPLICATION MUST BE POSTMARKED BY MARCH 22, 2013. INCOMPLETE APPLICATIONS AND THOSE POSTMARKED AFTER MARCH 22, 2013 WILL NOT BE CONSIDERED BY THE SCHOLARSHIP COMMITTEE.**

MAIL COMPLETED APPLICATION PACKET TO: *Delta Sigma Theta Sorority, Inc.  
Jacksonville Alumnae Chapter  
Attn: Scholarship Committee  
P.O. Box 2435  
Jacksonville, FL 32203*

### **STUDENT INFORMATION: (PLEASE TYPE OR PRINT LEGIBLY)**

STUDENT NAME:		DATE OF BIRTH:	
E-MAIL ADDRESS:			
STREET ADDRESS:			
CITY:		ST:	ZIP:
HOME PHONE:		CELL PHONE:	
PARENT OR GUARDIAN NAME AND PHONE NUMBER:			
PARENT OR GUARDIAN IS A MEMBER OF DELTA SIGMA THETA SORORITY, INC: YES      NO			

### **TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR:**

HIGH SCHOOL:	
GUIDANCE COUNSELOR: PRINT NAME	SIGNATURE:
G.P.A. (UNWEIGHTED/WEIGHTED):	FREE OR REDUCED LUNCH: YES      NO
SAT (TOTAL SCORE):	ACT (TOTAL SCORE):

**NOTE: THIS SCHOLARSHIP IS BASED ON NEED AND MERIT.  
BY SIGNING BELOW I AGREE TO ACCEPT THE DECISION OF THE SCHOLARSHIP COMMITTEE. I DO HEREBY  
ATTEST THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE:	DATE:
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**MEDIA WAIVER**

I, the parent/guardian of (print applicant's name) \_\_\_\_\_ consent to the release of photographs, videos, audio and other related recorded materials captured during the scholarship awards program. Such materials shall remain the sole property of the Jacksonville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and shall not be sold to any entity.

**BY MY SIGNATURE, I AM INDICATING THAT I HAVE READ AND UNDERSTAND THE FOREGOING INFORMATION.**

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**(Signature of Participant)**

**(Date)**

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**(Signature of Parent)**

**(Date)**